

SCC eFile	2015 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION	215509262				
1.) CORPORATION NAME: DUE DATE: 3/31/2015 Flexible Steel Lacing Company						
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: SCC ID NO: F1415647 CORPORATION SERVICE COMPANY Bank of America Center, 16th Floor 1111 East Main Street RICHMOND, VA						
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: RICHMOND CITY						
4.) STATE OR COUNTRY OF INCORPORATION: IL						
5.) STOCK INFORMATION <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> <tr> <td>COMMON</td> <td>50,000</td> </tr> </table>			CLASS	AUTHORIZED	COMMON	50,000
CLASS	AUTHORIZED					
COMMON	50,000					
6.) PRINCIPAL OFFICE ADDRESS: <div style="text-align: center;"> ADDRESS: 2525 WISCONSIN AVE CITY/ST/ZIP: DOWNERS GROVE, IL 60515 </div>						
7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.						
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: RICHARD A WHITE TITLE: PRESIDENT ADDRESS: 2525 WISCONSIN AVE CITY/ST/ZIP/CO: DOWNERS GROVE, IL 60515 </td> <td style="width: 50%; text-align: right; vertical-align: top;"> <input checked="" type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: RICHARD A WHITE TITLE: PRESIDENT ADDRESS: 2525 WISCONSIN AVE CITY/ST/ZIP/CO: DOWNERS GROVE, IL 60515	<input checked="" type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR		
NAME: RICHARD A WHITE TITLE: PRESIDENT ADDRESS: 2525 WISCONSIN AVE CITY/ST/ZIP/CO: DOWNERS GROVE, IL 60515	<input checked="" type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR					
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: THOMAS S WUJEK TITLE: PRESIDENT ADDRESS: 2525 WISCONSIN AVE CITY/ST/ZIP/CO: DOWNERS GROVE, IL 60515 </td> <td style="width: 50%; text-align: right; vertical-align: top;"> <input checked="" type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: THOMAS S WUJEK TITLE: PRESIDENT ADDRESS: 2525 WISCONSIN AVE CITY/ST/ZIP/CO: DOWNERS GROVE, IL 60515	<input checked="" type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR		
NAME: THOMAS S WUJEK TITLE: PRESIDENT ADDRESS: 2525 WISCONSIN AVE CITY/ST/ZIP/CO: DOWNERS GROVE, IL 60515	<input checked="" type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR					
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: MICHAEL J STEIN TITLE: VICE PRESIDENT ADDRESS: 2525 WISCONSIN AVENUE CITY/ST/ZIP/CO: DOWNERS GROVE, IL 60515 </td> <td style="width: 50%; text-align: right; vertical-align: top;"> <input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: MICHAEL J STEIN TITLE: VICE PRESIDENT ADDRESS: 2525 WISCONSIN AVENUE CITY/ST/ZIP/CO: DOWNERS GROVE, IL 60515	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR		
NAME: MICHAEL J STEIN TITLE: VICE PRESIDENT ADDRESS: 2525 WISCONSIN AVENUE CITY/ST/ZIP/CO: DOWNERS GROVE, IL 60515	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR					
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: GLEN C PARADISE TITLE: SECRETARY ADDRESS: 2525 WISCONSIN AVENUE CITY/ST/ZIP/CO: DOWNERS GROVE, IL 60515 </td> <td style="width: 50%; text-align: right; vertical-align: top;"> <input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: GLEN C PARADISE TITLE: SECRETARY ADDRESS: 2525 WISCONSIN AVENUE CITY/ST/ZIP/CO: DOWNERS GROVE, IL 60515	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR		
NAME: GLEN C PARADISE TITLE: SECRETARY ADDRESS: 2525 WISCONSIN AVENUE CITY/ST/ZIP/CO: DOWNERS GROVE, IL 60515	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR					
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: RALPH W AMANN TITLE: DIRECTOR ADDRESS: N 6568 SHOREWOOD HILLS RD CITY/ST/ZIP/CO: LAKE MILLS, WI 53551 </td> <td style="width: 50%; text-align: right; vertical-align: top;"> <input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: RALPH W AMANN TITLE: DIRECTOR ADDRESS: N 6568 SHOREWOOD HILLS RD CITY/ST/ZIP/CO: LAKE MILLS, WI 53551	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR		
NAME: RALPH W AMANN TITLE: DIRECTOR ADDRESS: N 6568 SHOREWOOD HILLS RD CITY/ST/ZIP/CO: LAKE MILLS, WI 53551	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR					
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: WILLIAM H GILBERT TITLE: DIRECTOR ADDRESS: 1084 BALSAM AVE SE CITY/ST/ZIP/CO: GRAND RAPIDS, MI 49546 </td> <td style="width: 50%; text-align: right; vertical-align: top;"> <input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: WILLIAM H GILBERT TITLE: DIRECTOR ADDRESS: 1084 BALSAM AVE SE CITY/ST/ZIP/CO: GRAND RAPIDS, MI 49546	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR		
NAME: WILLIAM H GILBERT TITLE: DIRECTOR ADDRESS: 1084 BALSAM AVE SE CITY/ST/ZIP/CO: GRAND RAPIDS, MI 49546	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR					

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JEROME S PAULSON DIRECTOR 1575 WOODCREST COURT AURORA, IL 60504	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ANGELA M PAULSON DIRECTOR 5381 GRIFFIN LANE BETTENDORF, IA 52722	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JILL E RAMSEY DIRECTOR 743 29TH AVENUE SAN FRANCISCO, CA 94121	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	TIMOTHY R RAMSEY DIRECTOR 465 KAREN LANE DEER HARBOR, WA 98243	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	PETER M RAMSEY DIRECTOR 1357 TANO RIDGE RD SANTA FE, NM 87506	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DAVID W RINALDO DIRECTOR 1117 EUCLID AVE BERKELEY, CA 94708	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MARJORY RINALDO-LEE DIRECTOR 31 HUNTERS LANE ITHACA, NY 14850	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ GLEN C PARADISE		GLEN C PARADISE, SECRETARY	
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT		DATE	
PRINTED NAME AND CORPORATE TITLE			
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			